

Income, Asset and Legal Documentation

1st Person _____ 2nd Person _____

Please bring the following documentation to your first appointment:

1. Documents (such as statements) showing ownership of all assets, including:

- a. Bank account assets: including checking, savings, money market, certificates of deposit (CDs).
- b. Investment assets: including stocks, bonds, mutual funds, annuities, brokerage accounts, loans owed to you, partnerships, etc.
- c. Qualified retirement plan assets: including IRAs, 401(k), PERS plans, etc.
- d. Real estate assets: including deeds, appraisals, contracts, trust deeds etc.
- e. Motor vehicle assets: Titles to cars, mobile homes, RVs and campers.
- f. Insurance policies: including life insurance and long-term care insurance.
- g. Burial Documents: including burial plan contracts and/or burial plot deeds.

2. Legal documents, including copies of:

- a. Estate planning documents: such as trusts, wills, codicils and financial powers of attorney.
- b. Health care documents: such as living wills, health care powers of attorney and advance directives for health care.
- c. Family legal documents: such as divorce decrees, prenuptial agreements and adoption papers.

I. Monthly Income

Please list gross figures for all monthly income and specify in whose name the income is received and the amount.

Type of Income	1 st Person	2 nd Person	Joint
Social Security	\$	\$	
Employment	\$	\$	
Pension from: _____	\$	\$	
Pension from: _____	\$	\$	
IRAs, Annuities, etc.	\$	\$	
Rent	\$	\$	\$
Business Interest	\$	\$	\$
Interest and Dividends	\$	\$	\$
Other:	\$	\$	\$

Assets

List all assets, their values and other applicable information. **Please bring a copy of supporting documents.**

1. Do you own firearms? Yes No

2. Do you have a Safe Deposit Box? Yes No

Owner: _____ Bank: _____

Owner: _____ Bank: _____

3. Do you own a burial plan and/or burial plot? Yes No

Owner: _____ Revocable Irrevocable

Owner: _____ Revocable Irrevocable

II. Financial Assets

Include checking/savings accounts, CDs, brokerage accounts, savings bonds, treasury bills, etc.

#	Account Information	Value			
		1 st Person	2 nd Person	Joint	Other
1.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
2.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
3.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
4.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
5.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
6.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
7.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$
8.	Institution: _____ Type: _____ Account Number: _____	\$	\$	\$	\$

III. Real Estate*Please list all real estate that you own, including your residence, rentals, vacation rentals etc.*

#	Property Information	Market Value				Mortgage Owed
		1 st Person	2 nd Person	Joint	Other	
1.	Type: _____ Address: _____ _____	\$	\$	\$	\$	\$
2.	Type: _____ Address: _____ _____	\$	\$	\$	\$	\$
3.	Type: _____ Address: _____ _____	\$	\$	\$	\$	\$
4.	Type: _____ Address: _____ _____	\$	\$	\$	\$	\$
5.	Type: _____ Address: _____ _____	\$	\$	\$	\$	\$

IV. Vehicles*Please list cars, trucks, motorcycles, trailers, motor homes, boats, etc.*

#	Description	Market Value				Amount Owed
		1 st Person	2 nd Person	Joint	Other	
1.	Type: _____ Make and Year: _____	\$	\$	\$	\$	\$
2.	Type: _____ Make and Year: _____	\$	\$	\$	\$	\$
3.	Type: _____ Make and Year: _____	\$	\$	\$	\$	\$

V. Retirement

Please include IRA, 401(k), PERS, etc.

1st Person: _____

#	Company	Type	Value	Beneficiary
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

2nd Person: _____

#	Company	Type	Value	Beneficiary
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

VI. Annuities

An annuity is a lump sum of cash invested which can produce a monthly stream of income for a fixed period or for life.
Please bring a copy of your contract.

A. Owner: _____ Annuitant: _____

#	Company	Total Value	Taxable Amount	Beneficiary
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	

B. Owner: _____ Annuitant: _____

#	Company	Total Value	Taxable Amount	Beneficiary
1.		\$	\$	
2.		\$	\$	
3.		\$	\$	

VII. Life Insurance*Please list your life insurance policies and indicate whether they are term or whole life.*

Policy Holder: _____ Insured: _____

#	Company	Cash Value	Death Benefit	Beneficiary
1.	_____ Policy #: Term Whole Life	\$	\$	
2.	_____ Policy #: Term Whole Life	\$	\$	
3.	_____ Policy #: Term Whole Life	\$	\$	

Policy Holder: _____ Insured: _____

#	Company	Cash Value	Death Benefit	Beneficiary
1.	_____ Policy #: Term Whole Life	\$	\$	
2.	_____ Policy #: Term Whole Life	\$	\$	
3.	_____ Policy #: Term Whole Life	\$	\$	

VIII. Other*List anything else of value that you own, including precious metals, antiques, collections, works of art, jewelry or household items of high value.*

#	Type	Brief Description	Value
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$